

ATTACHMENT D

- ☐ **Proposal Format**
- ☐ **Face Sheet**
- ☐ **Program Summary Sheet**
 - ☐ **Application (Form 660)**
 - 1. Title IV-B Part I, IV-B Part II, SSBG**
 - 2. CFCIP and Room and Board Attachment**
- ☐ **Instructions for Completing Application for Title IV-B Part I, IV-B Part II, SSBG (Form 660)**
- ☐ **Instructions for Completing Application for CFCIP (Form 660)**

**Regional Plan for Child Welfare Services
IV-B PART I AND PART II, SSBG
Face Sheet**

Region Number: _____ **Regional Manager:** _____

Address: _____

Telephone: _____

For Counties: _____

Regional Coordinator: _____

Mailing Address: _____

Telephone: _____

Date Submitted: _____

Attachments: (in order)

_____ **List of Current Council Membership (with Addresses)**

_____ **660 Form**

_____ **Coordinator's Proposal Check List**

_____ **Program Summary Sheet Attached to Accepted Program Proposal**

_____ **Progress Report**

_____ **Long Range Plan**

Submit in duplicate to:

**Indiana Department of Child Services
Programs and Services
402 West Washington Street, W364
Indianapolis, Indiana 46204**

NOTE: The plan will be submitted in a three (3) ring binder with proposals separated by service category and line item. If program refunding is requested, the program's progress report will need to be attached to the proposal.

PROGRAM SUMMARY SHEET

To be completed for each program for which the Regional Services Council proposes funding under federal Title IV-B Part I and II and SSBG.

Service Title: _____

Service Provider: _____

Address: _____

Telephone: _____

Contract Number _____ (indicate if new contract)

Program Director: _____

Target Population: _____

Objectives of Services: _____

Counties to be Served: _____

Number of Clients to be Served: _____

Define the Unit and give the Cost per Service unit approved: _____

Total Funds Requested for Service: \$ _____

Attach a copy of the Program Proposal for this service as accepted by the Regional Services Council.

APPLICATION FOR USE OF PUBLIC CHILD WELFARE SERVICES FUNDS (Form 660 CFCIP)

Revision # _____ Date: _____

Region: _____

Total IV-E CFCIP Allocation: _____
(Federal Funds only)

Total External Transfers: _____
(Federal Funds only)

Grand total: _____
(Federal Funds only)

Section 1		DCS FUNDS - AVAILABLE FOR MATCH (CFCIP) (.32530)			
(1) COUNTY	(2) COUNTY FUNDS BUDGETED FOR CFCIP	(3) COUNTY FUNDS TO BE USED AS MATCH			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
TOTAL County Funds for Match:					
Section II (1) PROGRAM OR SERVICE TITLE*	(2) TOTAL REQUESTED FROM ALLOCATION	(3) INTERNAL TRANSFERS	(4) EXTERNAL TRANSFERS	(5) REGIONAL TOTAL	(6) AMOUNT APPROVED
CFCIP (.32530)	Federal	Match	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX
1.					
2.					
3.					
4.					
5.					
6.					
7.					
TOTAL CFCIP FUNDS APPROVED					

DATE APPROVED BY COUNCIL _____ SIGNATURE OF CHAIRPERSON: _____ Date: _____

Approved (with/without amendments) by _____ Date: _____
Deputy Director, Department of Child Services

Approved (with/without amendments) by _____ Date: _____
Director, Department of Child Services

**INSTRUCTIONS FOR COMPLETION OF THE REGIONAL APPLICATION
FOR USE OF FEDERAL TITLE IV-B PART I & II AND SSBG FUNDS**

The application form is a cumulative listing of the proposed regional service contracts as described in each of the proposals accepted by the Regional Services Council in compliance with the stipulations described in the planning document. The regional plan is submitted to Central Office for final approval. The services are Prevention and Support Services, Crisis Intervention (Family Preservation), Time limited Family Reunification, Adoption Promotion and Support, Foster Care Maintenance, Adoption Subsidy, Staff Development, Foster Parent Training Recruitment, Adoptive Parent Training and recruitment, Child Care Related to Employment/Training, Independent Living, and Non Standardized Programs. Each service contract will be assigned a line number as a means of further identification except the Foster Care Maintenance categories which have their own account numbers.

This application will be used to submit requests for transfers and amendments to the original plan and also be completed annually as additional funds become available to each region.

Instructions for the top of the first page of the 660 form.

Region Number - self explanatory

Revision # _____ (# of Revision)

Date _____ (Date of Revision)

- Column 1. Each contract is to be listed by its service category which can be found in the Service Category Section in the planning document.
- Column 2. The total Title IV-B Part I funds requested for each service contract as indicated in the Service Category Section is to be listed on the appropriate line. This dollar amount shall coincide with the approved proposal funding level.
- Column 3. The total Title IV-B Part II Family Support funds requested for each service contract as indicated in the Service Category Section is to be listed on the appropriate line. This dollar amount shall coincide with the approved proposal funding level.
- Column 4. The total Title IV-B Part II Family Preservation funds requested for each service contract as indicated in the Service Category Section is to be listed on the appropriate line. This dollar amount shall coincide with the approved proposal funding level.
- Column 5. The total Title IV-B Part II Time Limited Reunification funds requested for each service contract as indicated in the Service Category Section is to be listed on the appropriate line. This dollar amount shall coincide with the approved proposal funding level.
- Column 6. The total Title IV-B Part II Adoption Services funds requested for each service contract as indicated in the Service Category Section is to be listed on the appropriate line. This dollar amount shall coincide with the approved proposal funding level.
- Column 7. Information regarding a transfer of funds from one region service to another should be listed specifically and clearly. The amount of funding being transferred from one region service must be indicated in parenthesis on the appropriate line as (\$xxx) and the

amount being transferred to another region service must be indicated on the appropriate line as \$xxx. Since this type of transfer includes funds previously approved to region services, the total of this column should always equal "0". A narrative amending each region service plan should be attached to this application and submitted to the appropriate state consultant. Since the funding level for those region services has been changed as a result of the transfer, the total amounts listed on each of the appropriate lines in column 14 must be changed accordingly.

Column 8. This column will be used only if there is a transfer of funds from one region to another or if an additional allocation is given to the regions. This requires coordination with and approval by the Central Office.

Since this type of transfer includes the infusion of funds to the region plan, the total of column 8 and 14 will reveal a gain in the amount increased as will the appropriate program line. For a region transferring funds out there will be a decrease in funds for column 8 and 14.

Column 9. The total amounts requested to date for each Title IV-B Part I regional service contracts should be listed in this column. The amount is calculated by adding and/or subtracting the Title IV-B Part I amount, if any, listed in columns 7 and 8 to the amount in Column 2. The sum of this column is the total amount of Regional Title IV-B Part I funds available for regional use.

Column 10. The total amounts requested to date for each Title IV-B Part II Family Support regional service contracts should be listed in this column. The amount is calculated by adding and/or subtracting the Title IV-B Part II Family Support amount, if any, listed in columns 7 and 8 to the amount in Column 3. The sum of this column is the total amount of Regional Title IV-B Part II Family Support funds available for regional use.

Column 11. The total amounts requested to date for each Title IV-B Part II Family Preservation regional service contract should be listed in this column. The amount is calculated by adding and/or subtracting the Title IV-B Part II Family Preservation amount, if any, listed in columns 7 and 8 to the amount in Column 4. The sum of this column is the total amount of Regional Title IV-B Part II Family Preservation funds available for regional use.

Column 12. The total amounts requested to date for each Title IV-B Part II Time Limited Reunification regional service contract should be listed in this column. The amount is calculated by adding and/or subtracting the Title IV-B Part II Time Limited Reunification amount, if any, listed in columns 7 and 8 to the amount in Column 5. The sum of this column is the total amount of Regional Title IV-B Part II Time limited Reunification funds available for regional use.

Column 13. The total amounts requested to date for each Title IV-B Part II Adoption Services regional service contract should be listed in this column. The amount is calculated by adding and/or subtracting the Title IV-B Part II Adoption Services amount, if any, listed in columns 7 and 8 to the amount in Column 4. The sum of this column is the total amount of Regional Title IV-B Part II Adoption Services funds available for regional use.

The following example illustrates the recording of both types of transfers and how the totals for each line and column are altered:

EXAMPLE:

	Column 2	Column 7	Column 8	Column 9
Line 1 Service A	\$4,000	\$ 400		\$4,400
Line 2 Service B	2,000	(400)		1,600
Line 3 Service C	<u>3,000</u>	<u> </u>	<u>\$ 500</u>	<u>3,500</u>
Total Approved	\$9,000	-0-	\$ 500	\$9,500

In this example, all three services (A, B, and C) were initially approved for \$XXX as listed in column 2. The total amount approved is the sum of column 2, (\$9,000). These dollar amounts are used as an EXAMPLE ONLY.

In column 7, a transfer of \$400 from Service B to Service A is indicated by \$400 debit on Line 1, indicating a gain, and (\$400) on Line 2 indicating a credit. Since Column 7 records the transfer of previously approved funds, there are no new funds being approved. Therefore, the total of Column 7 equals \$0. However, Column 9 reflects the addition and subtraction of \$400 to the original amounts of each service. Line 1, Column 9 increases by \$400; Line 2, Column 9 is reduced by \$400.

In Column 8, \$500 is being transferred from one region to another. In this example the transfer requires approval of additional region funds, the total amount approved will reflect the sum total of this transfer. Also, Column 9, Line 3 will show that the funding level for service C has increased by \$500. The opposite would occur when funds are being deducted from the region.

The total of Column 9 will show the net result of all the funds requested on the line listing the total amount approved. This figure is the sum of all funds that have been approved for regional use.

Column 14. The total amounts requested to date for each regional service contract should be listed in this column. The amount is calculated by adding and/or subtracting the amounts, if any, listed in columns 2 through 13. The sum of this column is the total amount of Regional Title IV-B Part I and Part II funds available for regional use.

Column 15. The total amount of region funds approved for each program. This column will be completed by the Department of Child Services, Programs and Services.

Signatures: The date of Council approval and the date and signature of the Regional Manager or designee is required as indicated.

Revisions: When seeking a revision, Columns 9 through 13 from the previously approved 660 becomes the new Columns 2 through 6 on the new revision. Then follow the steps above to make any changes necessary.

Special Note: The total in Foster Care in Licensed Facilities, Adoption Aid, Hard to Place and Foster Parent Insurance can not exceed the total allocated for this section.

INSTRUCTIONS FOR COMPLETION OF THE REGIONAL APPLICATION FOR USE OF CFCIP FUNDS

The application form is a listing of the proposed regional CFCIP services as described in each of the proposals accepted by the Regional Services Council in compliance with the stipulations described in the planning document. The regional CFCIP plan is submitted to Central Office for final approval.

This application will be used to submit requests for transfers and amendments to the original plan and also be completed annually as additional funds become available to each region.

Instructions for the 660 form:

Region - self explanatory

Total Allocation: Enter the total sum of CFCIP

Total External Transfers: Enter either the total external transfer in or out.

Grand Total: Enter here the sum of the Total Allocation +/- Total External Transfer

Revision # _____ (# of Revision)

Date _____ (Date of Revision)

Section I

County Funds – Available for Match (CFCIP) (.32530)

Column 1. List all counties within the region.

Column 2. List county funds budgeted for “Independent Living for Wards” (.32530)

Column 3. List the total amount set aside by county to be used to fulfill the match requirement. The total for “County Funds to be used as match” cannot be less than the total under Section II (2).

Section II

Column 1. Each program is to be listed by its service title. Regions may wish to establish a separate line item to pay service costs for out of region clients.

Column 2. CFCIP, Section II, Column (2) has two parts, the “Federal” and “Match”. “Federal” refers to the federal funds requested. “Match” refers to the amount that is required in order to draw down the federal dollars. The Match requires county expenditures. The “Total CFCIP Funds Approved” in the “Match” section of Column (2) will be the same as the “Total County funds to be used as match” in Section I. (Shaded areas on Form 660 must show the same totals.)

Column 3. Information regarding a transfer of funds from one regional service to another should be listed specifically and clearly. The amount of funding being transferred from one

regional services must be indicated in parenthesis on the appropriate line as (\$xxx) and the amount being transferred to another regional services must be indicated on the appropriate line as \$xxx. Specify in Column 3 the amount that is federal funds and the amount that is the match requirement. A narrative amending each regional service plan should be attached to this application and submitted to the appropriate state consultant. Since the funding level for those regional services has been changed as a result of the transfer, the total amount listed on each of the appropriate lines in column 5 must be changed accordingly.

Column 4. This column will be used only if there is a transfer of funds from one region service to another or if an additional allocation is given to the regions. This requires cooperation with and approval by the Central Office. Again clearly specify federal funds from match funds.

Since this type of transfer includes the infusion of funds to the regional plan, the total of column 4 and 5 reveal a gain in the amount increased as will the appropriate program line. For a region transferring funds out, there will be a decrease in funds for column 4 and 5.

Column 5. The total amounts requested to date for each CFCIP service contract should be listed in this column by adding and /or subtracting the amounts listed in columns 3 and 4. The total amount of regional funds available for regional use is the sum of this column.

Signatures: The date of Council approval and the date of signature of the Regional Chairperson or designee is required as indicated.

Revisions: When seeking a revision, Column 6 from the previously approved 660, CFCIP becomes the new Column 2 on the new revision. Then follow the steps above to make any changes necessary.

The funds for Child Welfare and Family Services are from Title IV-B. The funds for CFCIP are special IV-E funds. AT NO TIME CAN THESE FUNDS BE COMINGLED.

The following example illustrates the recording of both types of transfers and how the totals for each line and column are altered:

EXAMPLE:

	Column 2	Column 3	Column 4	Column 5
Line 1 Service A	\$4,000	\$ 400	\$4,400	\$4,400
Line 2 Service B	2,000	(400)	1,600	1,600
Line 3 Service C	<u>3,000</u>	<u> </u>	<u>\$ 500</u>	<u>3.500</u>
Total Approved	\$9,000	-0-	\$ 500	\$9,500

In this example, all three services (A, B, and C) were initially approved for \$xxx as listed in column 2. The total amount approved is the sum of column 2, (\$9,000). These dollar amounts are used as an EXAMPLE ONLY.

In column 3, a transfer of \$400 from Service B to Service A is indicated by \$400 debit on Line 1, indicating a gain, and (\$400) on Line 2 indicating a credit. Since Column 3 records the transfer of previously approved funds, there are no new funds being approved. Therefore, the total of Column 3 equals \$0. However, Column 9 reflects the addition and subtraction of \$400 to the original amounts of each service. Line 1, Column 5 increases by \$400; Line 2, Column 5 is reduced by \$400.

In Column 4, \$500 is being transferred from one region to another. In this example the transfer requires approval of additional region funds, the total amount approved will reflect the sum total of this transfer. Also, Column 5, Line 3 will show that the funding level for service C has increased by \$500. The opposite would occur when funds are being deducted from the region.

The total of Column 5 will show the net result of all the funds requested on the line listing the total amount approved. This figure is the sum of all funds that have been approved for regional use.

Column 16. The total amount of regional funds approved for each program. This column will be completed by the Department of Child Services, Central Office.

APPLICATION FOR USE OF FEDERAL CHILD WELFARE FUNDS TITLE IV-B PART I & II, SSBG (FORM 660)

Revision # _____

Date _____

Region: _____

Contract
Year: _____

(1) Program or Service Title	(2) IV-B Part I	Total Requested from Allocation				(7) Internal Transfers	(8) External Transfers	(9) IV-B Part I	Total Adjusted Amounts				(14) Regional Total	(15) Amount Approved
		IV-B Part II							IV-B Part II					
		(3)	(4)	(5)	(6)	(10)	(11)	(12)	(13)					
		Family Support	Family Preservation	Time Limited	Adoption Services	Family Support	Family Preservation	Time Limited	Adoption Services					
Account Number	1511	1512	1510	1516	1517			1511	1512	1510	1516	1517		
Care of Wards in Foster Care .32110													\$0.00	
Care of Wards in Institutions .32120													\$0.00	
Adoption Aid, Hard to Place .32200													\$0.00	
Foster Parent Insurance .32150													\$0.00	
Sub Total													\$0.00	
Family Support .32090													\$0.00	
1. Miscellaneous													\$0.00	
2.													\$0.00	
3.														
4.														
5.														
6.														
Sub Total													\$0.00	
Family Preservation .32300													\$0.00	
1.													\$0.00	
2.													\$0.00	
3.													\$0.00	
4.														
5.														
6.														
7.														
8.														
9.														
10.														
Sub Total													\$0.00	
Total Funds Approved													\$0.00	
Percent of Part II Allocation														

Date Approved by Council: _____

Signature of Regional Manager: _____

Date: _____

Approved (with/without amendments) by: _____

Date: _____

Deputy Director, Department of Child Services

Date: _____

Page of Director, Department of Child Services

Date